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Bib Data Sheet

SERIAL NUMBER 09/631,424	FILING DATE 08/03/2000 RULE -	CLASS 370	GROUP ART UNIT 2738	ATTORNEY DOCKET NO. NEO1P025 A	
APPLICANTS Paul L. Hickman, Los Altos Hills, CA ;					
** CONTINUING DATA ***** THIS APPLICATION IS A CON OF 08/847,921 04/28/1997 AND CLAIMS BENEFIT OF 60/016,680 05/01/1996 AND CLAIMS BENEFIT OF 60/016,873 05/06/1996					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/13/2000					
** SMALL ENTITY **					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no Allowance Examiner's Signature <u>no</u> Initials	STATE OR COUNTRY CA	SHEETS DRAWING 15	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 5
ADDRESS Hickman Coleman & Hughes LLP P O Box 52037 Palo Alto ,CA 94303-0746					
TITLE Method and apparatus for accessing a wide area network					
FILING FEE RECEIVED 423	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 6696

SERIAL NUMBER 09/631,424	FILING DATE 08/03/2000 RULE	CLASS 370	GROUP ART UNIT 2664	ATTORNEY DOCKET NO. NEO1P025 A
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APPLICANTS

Paul L. Hickman, Los Altos Hills, CA;

Michael L. Gough, Ben Lomond, CA;

**** CONTINUING DATA *******

Yes
 This application is a CON of 08/847,921 04/28/1997
 and claims benefit of 60/016,680 05/01/1996
 and claims benefit of 60/016,873 05/06/1996

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 09/13/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>gn</i> Examiner's Signature Initials	STATE OR COUNTRY CA	SHEETS DRAWING 15	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 5
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ADDRESS

22918
 PERKINS COIE LLP
 P.O. BOX 2168
 MENLO PARK, CA
 94026

TITLE

Method and apparatus for accessing a wide area network

FILING FEE RECEIVED 509	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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BIBDATASHEET**CONFIRMATION NO. 6696**

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ADDRESS

PERKINS COIE
101 JEFFERSON DAVIS DRIVE
MENLO PARK, CA
94025-1114

TITLE

Method and apparatus for accessing a wide area network

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